



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Ahmed Khalifa, M.D.

**Respondent Name**

New Hampshire Insurance Company

**MFDR Tracking Number**

M4-17-3568-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

August 8, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "CERTIFYING EXAMINATION INCORRECT REDUCTION"

**Amount in Dispute:** \$450.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Please see the EOBs. No additional monies are due. Coventry stands by the pricing."

**Response Submitted by:** Flahive, Ogden & Latson

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 31, 2016	Referral Doctor Examination to Determine Maximum Medical Improvement & Impairment Rating	\$450.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for an examination to determine maximum medical improvement and impairment rating performed on or after September 1, 2016.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - P12 – Workers' compensation jurisdictional fee schedule adjustment.
  - Z710 – The charge for this procedure exceeds the fee schedule allowance.

## Issues

Is Ahmed Khalifa, M.D. entitled to additional reimbursement for the disputed services?

## Findings

Dr. Khalifa is seeking an additional reimbursement of \$450.00 for an examination to determine maximum medical improvement and impairment rating performed on October 31, 2016.

Per 28 Texas Administrative Code §134.250(3), "The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation supports that Dr. Khalifa performed an evaluation of maximum medical improvement. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$350.00.

28 Texas Administrative Code §134.250(4)(D) states that:

- (i) Non-musculoskeletal body areas are defined as follows:
  - (I) body systems;
  - (II) body structures (including skin); and,
  - (III) mental and behavioral disorders.
- (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides...
- (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.

Review of the submitted documentation finds that Dr. Khalifa performed impairment rating evaluations of speech, mental status, behavioral status, epilepsy, taste, and sexual function, based on tables found in Chapter 4 of the *American Medical Association Guides to the Evaluation of Permanent Impairment*, Fourth Edition. For this reason, the division concludes that Dr. Khalifa rated one body system – the nervous system. Therefore, the correct MAR for this examination is \$150.00.

Examination	AMA Chapter	\$134.250 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Speech	Nervous System	Body Systems	\$150.00
IR: Mental Status			
IR: Behavioral			
IR: Epilepsy			
IR: Taste			
IR: Sexual			
Total MMI			\$350.00
Total IR			\$150.00
Total Exam			\$500.00

The total allowable for the disputed services is \$500.00. Per Explanation of Benefits dated February 15, 2017, submitted to the division, New Hampshire Insurance Company reimbursed \$800.00. No further reimbursement is recommended.

## Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### Authorized Signature

_____ Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	October 6, 2017 Date
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### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**